Testimony of Donald P. Opatrny, LMFT

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RE: SB 821: An Act Concerning Marrital and Family Therapists

Insurance and Real Estate Committee
of the Connecticut General Assembly

February 10, 2009

Chairmen Crisco and Fontana, Vice Chairmen Hartley and Megna, Ranking Members Caligiuri and D'Amelio, and members of the Insurance and Real Estate Committee, thank you for the opportunity to testify today in opposition to SB 821: An Act Concerning Marital and Family Therapists. I want to begin by thanking you all for your efforts to serve the people of Connecticut on vital issues such as the cost of Health Insurance, and access to quality affordable health care in Connecticut.

I am a Licensed Marital and Family Therapist in private practice and a contracted health care provider for a number of insurance companies doing business in our state. I have worked tirelessly over the past 12 years to learn the art and science of my profession; to earn a license to practice in this state; to build a reputation as a qualified healthcare professional; and to comply with the many regulations necessary to provide a vital healthcare service to the citizens of our state. I am now a small business owner supporting my family on the income I earn as a Marital and Family Therapist, and my practice also supports an office employee and several vendors who do business with me. So I am here to represent my own interest, but much more I am also here to speak for my clients who rely on my services and rely on their health insurance to help pay for these services. In addition I am here as a volunteer member of the Board of Directors of the CT Association of Marriage and Family Therapy, an organization with more than 900 members who are providing crucial healthcare service to thousands of CT families every day in hospitals, clinics, agencies, and private offices all over this state.

In essence my testimony today is the same as it was last year regarding SB 309, a similar bill which failed here in this committee. First, as a small business owner, husband, and father purchasing health insurance on the open market for my family, I am *very* interested in exploring ways of dealing with the spiraling costs of health care. Secondly, as a CT tax payer I am concerned about the wise stewardship of my hard earned tax dollars. It is on <u>these</u> points that I would like to focus my comments today.

I know what it is like to be shocked by the cost of health insurance premiums. When I went into business for my self I found the only plan I could reasonably afford was insurance with $4000 deductibles for my self, my wife, *and* my son. I hope that this committee continues to try to find ways to help deal with the crisis in healthcare. However, it is my testimony that the bill under discussion would actually be counterproductive on this point. I believe it is clear from several studies on this topic that people who have been treated for their mental health conditions by Marital and

Family Therapists actually **reduce** their overall use of healthcare quite significantly. This reduction was seen when compared with control groups and when chronic heavy users of the health care system were followed over time subsequent to treatment by MFTs.

It is surprising to me that two years in a row we have faced a bill that would reduce access to this proven cost effective method of treating serious, sometimes life threatening, mental illness. Many studies have shown a "cost offset" phenomenon regarding the effective treatment of mental and emotional disorders. If this bill passes, patients will surely attempt to deal with there symptoms in other parts of the healthcare system. (For example: emergency rooms for suicide attempts; hospital stays for chronic depression; increased use of pharmaceuticals, and/or illegal drugs, and then managing their side effects; eating disorders- leading to costly hospital stays; visits to physicians of all kinds to deal with secondary symptoms and their consequences; complications of untreated alcohol and drug addictions being managed by outpatient and inpatient services and by law enforcement.... and these are just what comes to the top of my mind...)

Since the stated intent of this bill is to reduce healthcare costs, I wonder if anyone has seen any evidence that it would indeed fulfill that objective. I think it is clear from the research, and from common sense, that the opposite is the case. (I have provided some basic supporting evidence on this with my written testimony.)

As a citizen of the State of Connecticut I also want to caution law makers about the downstream costs of limiting access to this vital sector of the healthcare system. If left untreated, or if the systemic root causes of mental illnesses go unaddressed, the costs to our quality of life and the burden on other systems can not be underestimated. To take one small example: how much will it cost schools if there is only a small rise in untreated mental illness or emotional distress in CT homes? Ask any school professional who has participated in a PPT meeting lately if there is any doubt that there is a significant ripple effect even when the child is not the one with the mental or emotional disorder.

It is my belief that if this bill is enacted it will not only increase healthcare costs in the future, it will mean a significant increase in costs for the juvenile justice system, law enforcement, the Department of Children and Families, the education system, family court, employers dealing with behavior issues, workers compensation claims, and the list can go on and on. As a systemic mental health provider, I can not help thinking of the interconnected implications of this bill. I urge all members of the committee to do the same.

So while I would love to testify today about the many benefits of Marital and Family Therapy, and the incredible work MFTs are doing around this state, I believe these efforts may be superfluous. *The simple dollars and cents of this idea make no sense at all.*

Thank you again for the opportunity to testify today. I have enclosed supporting material with my testimony for further exploration of the points I have made here. I am happy to answer any questions that may have been raised by my testimony.

SUPPORTING DOCUMENTATION:

Preliminary Estimates of Cost-Effectiveness for Marital Therapy

- *Benjamin E. Caldwell[1] and*
- *Scott R. Woolley[1],*
- *Casey J. Caldwell[2]*

- [1]Alliant International University
  [2]Arizona State University

Address correspondence to Benjamin E. Caldwell, 425 University Avenue, Suite 201, Sacramento, California 95825; E-mail: bcaldwell@alliant.edu

Benjamin E. Caldwell, PsyD, Marital and Family Therapy Programs, California School of Professional Psychology, Alliant International University, Sacramento, California; Scott R. Woolley, PhD, Marital and Family Therapy Programs, California School of Professional Psychology, Alliant International University, San Diego, California; Casey J. Caldwell, JD, MBA, was an MBA student at Arizona State University, Tempe, Arizona, at the time of the study.

The authors wish to thank Steve Brown, PhD, for his valuable feedback and support.

Cost-effectiveness of marital therapy was examined beginning with a simple question: If government or health insurers paid for the screening and, where indicated, empirically supported treatment of 100,000 randomly selected married persons (i.e., 50,000 couples) from the general population, would the financial benefits outweigh costs? Two empirically supported forms of marital therapy, behavioral marital therapy and emotionally focused therapy, were considered in aggregate as possible treatments of choice. Marital therapy appears to be cost-effective when paid for by government to reduce public costs of divorce or when paid for by insurers to offset the increased health-care expenses associated with divorce. Implications and specific needs for future research to substantiate these conclusions are discussed.

Research on the Cost of Providing Family Therapy: A Summary and Progress Report

D. Russell Crane

Brigham Young University, USA, RussCrane@byu.edu

This article provides a summary of effectiveness research on the costs of including family therapy in mental health services. Data was available from four different sources: 1) a large western Health Maintenance Organization with 180,000 subscribers in the local Utah region; 2) the Medicaid system of the entire State of Kansas in the United States; 3) a US health insurance company with several million subscribers; and 4) a Family Therapy training clinic. Results suggest that family therapy reduces the number of health care visits, especially for high utilizers. These results were also replicated in a graduate student training clinic. Also, studies of two different health care systems (and a cost projection study) suggest that including family therapy as a treatment option does not significantly increase health care costs.

AAMFT
American Association for Marriage and Family Therapy
Advancing the Professional Interests of Marriage and Family Therapists

112 South Alfred Street
Alexandria, VA 22314
Telephone: (703) 838-9808
Fax: (703) 838-9805
Website: www.aamft.org

Summary of Book:
"Effectiveness Research in Marriage and Family Therapy"

Conduct Disorder and Delinquency & Childhood Behavioral and Emotional Disorders

Family therapy for conduct disorders and delinquency - specifically, Functional Family Therapy (FFT), Multisystemic Therapy (MST), and Oregon Treatment Foster Care (OTFC) – are proven effective through comprehensive research. The models have demonstrated significantly better outcomes for youths (and often times their siblings) involved in treatment ***at tremendous cost savings*** ($15,000-30,000/family) when compared to traditional delinquency interventions (e.g., incarceration, bootcamps, probation). In general, the outcomes include reduction in delinquency and antisocial behavior, improved school attendance and performance, improved family interactions and involvement, reduction in substance use and abuse, reduction in out-of-home placements, and decreased psychiatric symptoms.

The scientific support for the efficacy of family therapy for behavioral and emotional disorders is compelling. Parent Training (PT) is clearly effective in reducing the symptoms of both attention deficit and hyperactive disorder (ADHD) and oppositional defiant disorder (ODD). In controlled studies, PT has improved family functioning and school performance; increased parenting skills; reduced aggression, inattention, noncompliance, conduct problems, and hyperactivity; reduced parental stress, and increased parental self-esteem. For depression and anxiety disorders in children, family therapy – and particularly cognitive behavioral therapy - decreases symptoms, and is particularly effective with younger children and children whose parents may be experiencing symptoms of anxiety. (Chapters 2 & 4)

Substance Abuse & Alcoholism

Family therapy for substance abusing adolescents is very effective in reducing teen drug use with positive outcomes maintained for upwards of a year after treatment. One of the significant contributing factors in the success of family-based interventions is the ability to engage and retain families in treatment. Family therapy with substance abusing adolescents has also shown reductions in psychiatric symptoms, increased school attendance and performance, and improved family functioning. Further, ***these services are provided at one-third the cost of usual treatment.***

Family and couples therapy for alcoholism and substance abuse have also been shown to increase engagement and retention among adult substance abusers. Marital and couples therapy for alcoholics not only increases abstinence, but also produces reductions in domestic violence, hospitalizations, and jail costs; improves marital and family functioning; decreases the number of divorces and separations; reduces psychiatric symptoms among children living with the alcoholic; and ***costs less than non-family treatments, saving as much as $7,800/alcoholic.*** (Chapter 3 & Chapter 5)

Marital Problems, Relationship Enhancement & Domestic Violence

The effectiveness of couples and family therapy for improving marital relationships and decreasing marital dissolution has long been established. Couples therapy models that have focused on alleviating marital conflict have been studied extensively, and newer research has shown that couples therapy not only improves marital satisfaction, but can alleviate depression in members of the couple and help couples deal more effectively with family stress (e.g., a chronically ill child). Couples therapy is also an efficacious treatment option for domestic violence, providing no evidence that it places a woman at increased risk of continued violence. While couples therapy generally deals with families already in distress, relationship enhancement focuses on preventing relationship distress and dissolution a priori. Research indicates that relationship education improves communication skills, relationship satisfaction, and reduction in negative interaction patterns. (Chapter 6, Chapter 7 & Chapter 8)

Severe Mental Illness & Affective Disorders

Family therapy for severe mental illness is one of the most well-studied and effective interventions in the mental health literature. Family involvement, including psychoeducation, multifamily group therapy, and family therapy, have been consistently linked to better individual and family functioning. Specifically, persons diagnosed with schizophrenia whose families are included in treatment have fewer relapses and rehospitalizations, longer periods between relapse, increased vocational interest and employment rates, decreased psychiatric symptoms, improved social functioning, and ***reduced health care costs***. Further, families of these patients have improved well-being, fewer medical illnesses, decreased medical care utilization, and increased self-efficacy. Research on couples therapy for affective disorders indicates that couples therapy is the treatment of choice for couples in which there is both depression and couple distress. (Chapter 9 & Chapter 10)

Physical Illness

Family therapy for persons with medical problems not only benefits the identified patient, but other family members as well. Family therapy is particularly efficacious with families who are providing care to elders and to a child with a chronic illness (e.g., asthma, diabetes, cystic fibrosis, cancer). There is also some evidence that family involvement facilitates disease prevention, demonstrating better outcomes for weight reduction for children and cardiovascular risk. (Chapter 11)

Meta-Analysis of MFT Interventions

When hundreds of family therapies are evaluated through a meta-analytic frame, the effectiveness of marriage and family therapy is even more compelling. Marriage and family interventions are as effective or more than alternative interventions, and are consistently more efficacious than no treatment at all. Meta-analyses have shown that that family therapy is effective for schizophrenia, substance abuse, alcoholism, marital problems, child-identified problems, improving couple communication, and couple enrichment, to name a few. (Chapter 12)

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*Sprenkle, D. H. (Ed.) (2002). *Effectiveness Research in Marriage and Family Therapy*. Alexandria, VA: American Association for Marriage and Family Therapy.

112 South Alfred Street
Alexandria, VA 22314
Telephone: (703) 838-9808
Fax: (703) 838-9805
Website: www.aamft.org

The Profession of Marriage and Family Therapy

Marriage and Family Therapists are mental health professionals trained and licensed to independently diagnose and treat mental health and substance abuse problems. A Marriage and Family Therapist (commonly referred to as an MFT or Family Therapist) specializes in treating mental disorders within the context of relationships. Family Therapists work with the individual, couple, or family to change behavioral patterns so that problems can be resolved. Currently, there are over 50,000 clinically active MFTs.

Qualifications:

Family Therapists are highly qualified to provide mental health services. All licensed MFTs must have a minimum of a master's degree and at least two years of post-graduate supervised clinical experience. Thirty percent of all MFTs have a doctoral degree. Currently, 48 states recognize and license Family Therapists as independent mental health providers.

Family Therapists are the only professionals required to be trained in family therapy. Marriage and family therapy is based on the research and theory that mental illness and family problems are best treated in a family context. Trained in psychotherapy and family systems, Family Therapists focus on understanding their clients' symptoms and interaction patterns within their existing environment. MFTs treat predominantly individuals, but also provide couples, family and group therapy. Whomever the client, Family Therapists treat from a relationship perspective that incorporates family systems.

Family Therapists are trained to handle serious mental health problems. In a survey that asked Family Therapists to rate the severity of their clients' problems, 94% of the 850 cases handled by these MFTs were rated as moderately severe, severe, very severe, or catastrophic. The primary diagnoses most commonly reported by Family Therapists are mood disorders, relationship problems, anxiety disorders, and adjustment disorders. Half of all primary diagnoses are for depression, anxiety and adjustment disorders, and substance abuse. Nearly half of the clients of Family Therapists are taking psychotropic medications.

Family Therapists perform the services of diagnosis and psychotherapy. Like members of the other mental health professions, Family Therapists are trained in diagnosis, assessment, and treatment. A study of the laws of 40 states found little variation among the states in the scope of practice allowed among MFTs, psychologists, social workers, and licensed counselors. State licensure laws create little difference between these professions in their ability to provide mental health services.

Federal Recognition:

Family Therapists are recognized by the federal government as qualified mental health providers. The Public Health Service Act recognizes Marriage and Family Therapists as one of the five core mental health professions under the Health Professional Shortage Area and the National Health Service Corps programs administered by the Health Resources Services Administration. The program identifies geographic areas that have a shortage of mental health professionals. Additionally, Family Therapists are eligible to participate in various programs or receive grants, loans, or compensation for services provided through the following federal departments or agencies:

- Department of Defense
- Veterans Administration
- Department of Education - Individuals with Disabilities Education Act (IDEA)
- Department of Transportation - Substance Abuse Program (SAP)
- Indian Health Services

Effectiveness:

Family Therapists offer effective treatments that result in marked improvements for their clients. In a survey of 492 clients of Family Therapists, 83% of the clients stated that the therapy goals had been mostly or completely achieved. Almost 90% of the clients reported an improvement in their emotional health.

Family therapy is effective in treating severe mental illness and other disorders. Family involvement has been consistently linked to better individual and family functioning. Family therapy outcomes for severe mental illness include improved well being, fewer illnesses, and decreased medical care utilization. Family therapy is particularly effective with families who are providing care to elders and to a child with a chronic illness (e.g., asthma, diabetes, cystic fibrosis, cancer). Family-based therapy has been proven effective in treating a variety of other disorders and problems regularly encountered by MFTs, including:

- Conduct Disorder and Delinquency
- Childhood Behavioral and Emotional Disorders
- Substance Abuse and Alcoholism
- Marital Problems, Relationship Enhancement, and Domestic Violence

Cost savings:

Family Therapists offer cost-effective treatments. MFTs provide brief, solution-focused therapy that often results in lower costs. Because Family Therapists often treat more than one person at a time, MFTs are in a good position to offer cost-effective solutions. A study that examined the cost to Medicare of adding MFTs as eligible providers concluded that adding Family Therapists as providers would account for less than 0.0015% of total Medicare expenditures. Several studies of state and private health plans have demonstrated the cost-effectiveness of Family Therapists. For example, a study prepared for the Maine legislature concluded that a proposed bill requiring healthcare plans to reimburse MFTs for mental health services would have a negligible impact on insurance premiums. A report by the Texas Department of Insurance found that the total MFT claims as a percentage of the total claims paid by group insurance plans in Texas were 0%. A report by the Virginia State Corporation Commission found that the average percentage of total claims for MFT services in Virginia in 2004 was 0% for individual contracts and .01% for group contracts.

Family Therapists are more cost-effective than other mental health professionals. Family Therapists are as effective as other mental health professionals in diagnosing and treating mental health and substance abuse problems, but at a lower cost to payers. A survey of large insurers in Massachusetts found that licensed psychologists cost insurers, on average, $5.00 to $10.00 more per session than MFTs. A recent state-mandated study in Virginia found that the average claim cost per visit by MFTs for a 45 to 50 minute session of psychotherapy was $35.05, which is lower than the average cost per visit for any of the other mandated mental health providers in Virginia. By comparison, the average claim cost per visit was 27% higher for social workers than for MFTs, 34% higher for professional counselors, 70% higher for psychologists, and almost four times higher for psychiatrists.

Family therapy reduces medical expenses. Many studies have concluded that a "cost-offset" phenomenon exists for mental health coverage. An offset effect occurs when people reduce their use of medical services following some type of therapy or behavioral health intervention. Mental health therapy helps people deal with their life circumstances more effectively, therefore reducing the tendency for emotional concerns to be expressed as physical problems. In a federal study that involved interviews with representatives from several large employers who offer generous mental health benefits to their employees, the employers stated that comprehensive mental health benefits ultimately reduces physical health costs and has a positive impact on their employees. A study of marriage and family therapy participants that compared the participants' healthcare utilization for six months before and after family therapy began found that the participants significantly reduced their medical visits by 21.5%.

Family therapy reduces the cost of providing health care to those who are high utilizers. A study of whether family therapy is associated with a reduction of health care use by patients identified as high utilizers found that family therapy participants reduced their use of medical services by 53%. Additionally, this study found that family therapy has a positive impact on family members who are not the focal point of therapy. Parents who received family therapy for their children had a 57% drop in health care services themselves even though the parents were not the identified patients receiving therapy.

Family Therapists in Rural Locations:

Family Therapists are able to serve the needs of rural residents. Rural America suffers disproportionately from a shortage of mental health professionals. Over 85% of designated Mental Health Professional Shortage Areas in the U.S. are located in rural counties. Master's level mental health practitioners, such as MFTs and social workers, are more likely to be located in rural areas than professions requiring a doctorate. A study of Maine and Massachusetts after the passage of laws that required reimbursement of social workers found that these laws appeared to increase the number of social workers in private practice in areas that have not attracted as many psychiatrists.

Family Therapists are more likely to practice in rural areas than are other mental health professions. Family Therapists are more likely to be in rural areas than psychiatrists and also to be in areas that do not have a psychiatrist. In the most rural counties in the U.S., which make up 15.5% of all counties in the U.S., there are twice as many MFTs as psychiatrists in those counties. An analysis by county of all of the core mental health professions in Texas found that there were fourteen Texas counties, all but one rural, that only had MFTs and no other core mental health provider. Including Family Therapists in health plans will lead to a greater number of covered providers in underserviced rural counties.